

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>MESAY</i>		<i>08-16-01</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>8-22-01</i>
<b>FORMALITY REVIEW</b>	<i>CV</i>	<i>1109</i>	<i>9-17-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>H-1</i>	<i>1079</i>	<i>01/14/02</i>

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	Original
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3 ✓	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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858  
6/17/02  
1-15-02  
9/17/01